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ABSTRACT

This monograph reports the conclusions of seven 6-month projects addressing issues of case management in the field of developmental disabilities in Minnesota. First, the theory supporting case management is reviewed and alternative definitions and guiding principles are offered. Next, the Minnesota rule on case management is detailed, noting problems in the area of funding, compliance, and lack of training. The projects funded were: (1) Minnesota UAP (University Affiliated Programs) Case Management Study; (2) Microcomputerized Case Management; (3) Case Management Team Resource Development; (4) Personal Futures Planning Training and Resource Development; (5) Consumer Case Management; (6) Partnership for Quality Services; and (7) Peer Advocacy. Training products developed by the projects are listed. Project conclusions include: training in case management must be experiential and competency based; training and paying parents to be case managers may be cost effective; formal services may be more expensive and less accessible than informal services; cash payments or service vouchers to families may be cost effective; case managers spend half their time in developing service plans and record keeping; volunteer monitoring may offer an appropriate inservice training alternative; and the terminology of case management needs change. (DB)

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Shaping Case Management in Minnesota:

in theory, reality and practice

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Governor's Planning Council
on Developmental Disabilities

Minnesota State Planning Agency

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This report summarizes the lessons learned through grants funded by the Governor's Planning Council on Developmental Disabilities from October, 1986 through October, 1989. During these three years, case management was the Council's priority. The projects referred to in this report demonstrate and document the state of case management in Minnesota and offer insights and recommendations for improvement of Minnesota's case management services.

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I had a goal in my ISP to take a more active part in meetings. After that I became secretary of our People First chapter. **Margaret Braun, Consumer Case Manager**

To become what we are capable of becoming is the only end in life.
Robert Louis Stevenson

Introduction

In theory... case management services in Minnesota should support families and adults experiencing the impacts of developmental disabilities. This support should be as least intrusive as possible. It should be easily accessible, efficient and cost effective. Case management should be rooted in values which enhance individual growth, personal dignity, inclusion in the social nature of humanity, and which are dedicated to basic human and constitutional rights. Above all else, case management should produce positive change in people's lives.

In reality... the Minnesota Governor's Planning Council on Developmental Disabilities wanted to determine whether these principles applied to case management services in Minnesota. The Council sought answers and strategies which would link the theory upon which case management is based to the reality in which it is practiced. Public testimony indicated that case management is one of the most critical services, but has been regarded as one of the weakest. To better articulate, ask, then answer the right questions, the Minnesota Governor's Planning Council focused on case management as its priority for the three year planning cycle, October 1, 1986 through September 30, 1989. The Council sought grant applications in the following areas:

Research on Case Management
Improving the Efficiency of Case Management
Empowering Consumers to Receive Quality Case Management Services
Volunteer Monitoring

In practice... the Minnesota Governor's Planning Council on Developmental Disabilities funded the following projects:

Minnesota UAP Case Management Study
Microcomputerized Case Management
Case Management Team Resource Development
Personal Futures Planning Training and Resource Development
Consumer Case Management
Partnership for Quality Services
Peer Advocacy

The future... for the case management rule in Minnesota is presently under revision. While under revision, the present rule is in effect. Three areas within the rule revision better connect theory, reality and practice. These recommended revisions are a result of projects funded by the Governor's Planning Council on Developmental Disabilities, in part or in full:

- There is a need for greater family focus and flexibility for parents of young children using case management services. The current rule tends to focus only on adults.

- The proposed assessment process is more streamlined and stresses learning styles, personal preferences, and has greater emphasis on capacity building rather than deficiency.

- New requirements for increased monitoring of services for persons who are in high risk situations are recommended.

In addition, the Minnesota Department of Human Services has begun to monitor county case management services and in situations where services are lacking corrective action plans are now required from the county involved.

Change your thoughts and you change your world.
Norman Vincent Peale

In Theory...

there is no single definition of case management services. The case management study funded by the Governor's Planning Council reiterates the core services which best define case management theory. According to Caragonne (1984), case management should:

- identify the full range of services needed;
- identify the range of resources available, inclusive of individual natural support resources and public community resources;
- coordinate the activities of all services and resources;
- refer individuals to all needed resources;
- monitor and follow up to determine if services are received;
- monitor and follow along to prevent or identify problems in service provision through ongoing contacts, all services utilized and the natural support resources;
- assess and evaluate the effectiveness of all services/resources utilized.

The Developmental Disabilities Act of 1987 (P.L. 100-146) defines case management as:

> ... such services to persons with developmental disabilities as will assist them in gaining access to needed social, medical, educational and other services; and such term includes -
>
> (i) follow along services which ensure, through a continuing relationship, lifelong if necessary, between an agency or provider and a person with a developmental disability and the person's immediate relatives or guardians, that the changing needs of the person and the family are recognized and appropriately met; and
>
> (ii) coordination services which provide the persons with developmental disabilities support, access to (and coordination of) other services, information on programs and services and monitoring of the person's progress.

The process of case management is one of linkage and advocacy. It is also one of assuring quality. Knowing how to identify the values and beliefs underlying quality services for children and adults with developmental disabilities is an inherent requirement to the provision of high quality case management services. Effective case management requires that the system and the individuals within the system apply values to the case management process. The basic values underlying all services to people with developmental disabilities should be that:

- every individual has worth;
- long term relationships enhance self-worth;
- society and its member are responsible for the health, education and welfare of its citizenry;
- learning is an essential and important part of all human existence.

There are incredible changes in the child who has friends. The friends Tom makes now will change attitudes 20 years from now.
Cindy Diger, Parent Case Manager

Life and learning experiences for people must:

- support and maximize growth;
- emphasize the whole person;
- maintain or increase the individual's sense of community;
- make personal decision-making fundamental;
- enhance the relationship building capacity of the individual and those who are important to him/her;
- occur in a variety of settings;
- include the provision of supports and adaptations;
- include real experiences and their consequences.

Presently, the best indicators we have in the field of developmental disabilities to measure how closely our values and beliefs are applied in reality are those relating to the following principles:

- normalization;
- criterion of ultimate functioning;
- partial participation;
- natural proportions.

Success in the next decade will focus on:

- self-determination, not just normalization;
- contributions, not just productivity;
- inclusion, not just integration;
- interdependence, not just independence.

It's a funny thing about life. If you refuse to accept anything but the best, you often get it. **Somerset Maugham**

In Reality...

the definition of case management services for persons with developmental disabilities according to Minnesota Rule 9525.0015 is as follows:

"Case management services" means identifying the need for, planning, seeking out, acquiring, authorizing and coordinating services to persons with mental retardation or related conditions. Case management services include monitoring and evaluating the delivery of the services to, and protecting the rights of, the persons with mental retardation or related conditions.

The present rule governing the implementation of case management services lists the following:

- intake and eligibility determination;
- assessment of needs;
- convening of screening team;
- individual service planning;
- individual habilitation planning;
- service coordination;
- service monitoring.

The case management rule governs the process of case management at the county level. The rule does have some basis in one or two values but is neither comprehensive nor state-of-the-art. There is clearly an emphasis on individuality as well as concern for finding the least restrictive environment in which services should be delivered.

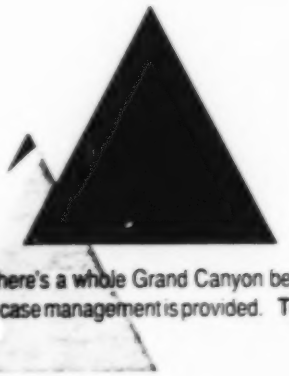
There is, however, little in the way of broad application of overall values inherent in the rule as it is now written or proposed. The rule is deficiency-based. It requires that county case managers take the lead role in the case management process without regard to family or individual desires. The rule further lacks specific case manager to individual ratios even though there is enough evidence for inclusion of such a requirement. Although the rule includes certain training requirements, the requirements are limited to a minimum number of hours of inservice per year (40 hours during the first year as case manager and 20 hours each year thereafter).

The Minnesota Department of Human Services is responsible for assuring that case management exists, yet the department does not fully fund case management services, a persisting problem. Primary funding and the responsibility for implementing case management are delegated to county government. County social workers now have become case managers. What does this mean? It means that employees educated as social workers must now prioritize their service coordination role over the broad role for which they have been trained. In short, social workers are providing a service for which they have not been adequately trained. In addition, there is no significant post-secondary training in the field of developmental disabilities for non-teachers.

Another reality affects county case management. Counties must comply with all applicable regulations assuring appropriate use of county, state and federal human service funds. Compliance with these funding regulations is often the job of the case manager. County case managers also act as the designated public guardian for the Minnesota Commissioner of Human Services when public

guardianship is required. As mentioned earlier, the county case manager is responsible for determining service eligibility and monitoring service delivery to assure quality. Thus, in a given situation, a county case manager has many conflicting roles of gatekeeper, grantor of resources, guardian, guarantor of quality and advocate.

Add the duties of service planning, development, coordination and paperwork to the problems caused by lack of appropriate training and the multiplicity of roles, and it is a wonder that case management in Minnesota works at all. It does in many ways. As a result of its survey of supervisors, case managers, service providers, advocates and case management recipients, the Minnesota Case Management Study concluded that the "general perception of case management seems to be that it is moderately effective in providing such services." The study further states that the "four most critical areas to address immediately if services are to become more effective are: (1) training, (2) funding, (3) staff shortages and (4) evaluation." (McAnally and Linz, 1988)



Too often, there's a whole Grand Canyon between the principle and the way case management is provided. **Toni Lippert, parent**

In Practice...

the six month non-research projects funded by the Governor's Planning Council on Developmental Disabilities lent practical knowledge with regard to application techniques that work and some that do not work in addressing the critical issues mentioned in the research project.

TRAINING

Training resources were developed for professionals, parents and self advocates. The key training resources were:

The Case Management Team: Building Community Connections
(Produced as a written manual, audio tape and videotape)

Case Management: An Advocates' Guide to Case Management Services in Minnesota

Guardianship/Conservatorship in Minnesota

It's Never too Early - It's Never too Late
(guidebook and videotape)

Each of these products was distributed widely throughout Minnesota. Each is driven by values consistent with current theory in the field of developmental disabilities. In testing these documents through the various projects, there was one consistent key to the usefulness of any resource.

Whether the resource is designed for case managers, providers, advocates or recipients of case management services, it is best used while actually experiencing the case management process.

The Peer Advocacy Project which developed the advocate's manual and the guardianship manual experienced limited attendance at the training programs in which the manual was introduced. In evaluating project success, it became clear that the six hour training and manual were not enough. Karen Grykiewicz, Associate Director of ARC Minnesota states, "Parents can know case management inside and out; but if case managers are not doing their share, it's not going to work." ARC Suburban's Consumer Case Management project reinforced this statement. There was a significant increase in consumer knowledge from pre-test to post-test. Training was an ongoing process which included philosophy, values and basic information about case management and service delivery in Minnesota. The training was flexible and individualized. The primary purpose of the training was to assist consumer case managers in defining their case management role and to effectively participate in the individual service planning process. Training was offered to project participants and their county case managers. The project evaluation report concluded that "it may be possible to improve the current interdisciplinary team approach by co-training parents and county case managers."

Co-training parents and county case managers puts both of us on the same side of the table.
Cindy Diger, Parent Case Manager

One year after our child was diagnosed as having disabilities, I became a member of the Parent Case Management Program. I was eager for any information that could help me to become a better advocate. I felt there had to be someone or some place that could help me make sense of the multitudes of information, laws, agencies and services that were now a part of our lives. I also felt very alone. I soon discovered that the Consumer Case Manager Program was what I had been searching for. With the hours of training and the information made available to me through the program, I started to become empowered with the knowledge that I could make a difference in our child's life. The bonus I received was the wonderful networking with the other parents who were involved. I no longer felt alone. Now into my second year with the Consumer Case Management Program some of the hard work is paying off. Recently, I conducted a meeting to determine our child's '88-'89 pre-school program. I was able to bring our child back to our home district. Nothing could have made me happier or prouder when our ARC advocate smiled and said, "You did it!"

Diane Sexton, Parent Case Manager

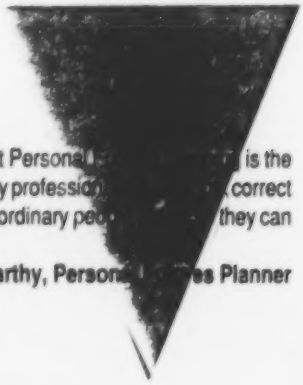
In its demonstrations of the value of Personal Futures Planning as a tool to develop individual service plans and habilitation plans, the Metropolitan Council applied the experiential aspect of learning and its documents were used as backup resources. Fifteen facilitators were trained in Personal Futures Planning over a period of months in preparation to facilitate at least two individual planning sessions each. The knowledge that each participant had to demonstrate competence increased the effectiveness of the training itself.

We know that case managers need adequate educational preparation and ongoing training in case management for persons with developmental disabilities. Clearly, training needs to include actual experience in the case management process, it is best accomplished in partnership with families or individuals, and it must require competency.

Funding was addressed in two ways in the Consumer Case Management project. First, parents and self-advocates who acted as their own case managers received a small monthly stipend and had access to money to attend generic training of their choice. Second, a strategy to give families and individuals cash or service vouchers enabling them to purchase their own services was designed for application in Minnesota.

Although the cash and educational money given to families was not seen as the most important aspect of this project, a majority of participants indicated that receiving money for the extraordinary effort involved with coordinating services was rewarding. More importantly, parent case managers, in particular, indicated that the knowledge that they had access to training funds to use at their discretion and knowing they were being paid, however minimally, was empowering. They felt on a more equal footing with the professionals in their lives. The total amount of money allocated to each participant was only $630.00 annually. **Paying parents for providing case management services and paying for adequate training may serve as a cost effective way to improve the quality of case management services in Minnesota.**

In the process of consumers acting as their own case managers it became clear that the single, most obvious barrier to greater self direction in case management was in service coordination. The authority to purchase services lies with the county case manager and, in most cases, rules and regulations prohibit families from choosing informal, more natural supports.



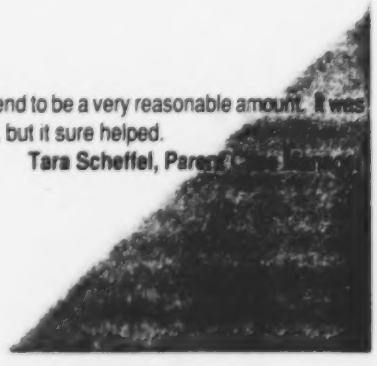
The most important thing about Personal ... is the mind shift. We once thought only professio... correct or mediate problems. It allows ordinary pe... they can support other individuals.

Dan McCarthy, Person... Planner

Formal supports and specialized services are often more costly than those garnered in a neighborhood or through family and friends. Not only that, formal services may be unable to efficiently meet the family needs. The story of one parent case manager is most telling.

Becky is a parent of two children. Her daughter has been eligible for services for children with developmental disabilities since infancy. The family lives in a rural setting and is trying to live on a single income until Becky can complete her education. County human services has authorized respite care through county funds. The county had difficulty locating a provider who would travel to Becky's home. Once a provider was found, the provider refused to care for both children. A child care provider would now be needed in addition to the respite provider. The cost to the county for the respite provider was around $10.00 per hour. Becky has a neighbor who would provide care for both her children for $4.00 per hour, but the county would not authorize payment.

It is this story and others which encouraged Dakota County to establish, in October 1989, a pilot voucher project using county funds to do so. This voucher project, funded in part by a grant from the Governor's Planning Council on Developmental Disabilities, also includes a small monthly stipend and a parent training fund.

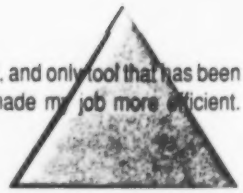


I found the $40.00 stipend to be a very reasonable amount. It was not my main incentive, but it sure helped.

Tara Scheffel, Paren...

Cash payments to families or service vouchers which will enable families to purchase the services of their choice that best meet their needs may be a cost effective way to coordinate service delivery.

In my experience, the microcomputer laptop system is the first, and only tool that has been specifically developed for the case manager. It certainly made my job more efficient.
Connie Johnson, Dakota County Social Worker

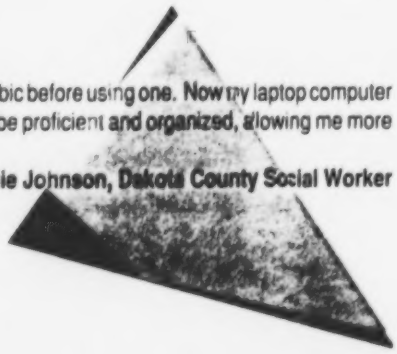


FUNDING AND STAFF SHORTAGES

Staff shortages translate into high case manager to recipient ratios. The average case manager in Minnesota attempts to address the needs of over 60 individuals or families while the nationally recognized ratio is 1:30 (McAnally et al., 1988).

Three projects set out to address the staff shortage issue with a focus on increasing efficiency and effectiveness. Both projects implemented by the Metropolitan Council's Developmental Disabilities Senior Planner emphasized new ways of thinking about and delivering case management services. Negotiating with team members was identified as a critical skill development need for case managers (McAnally et al., 1988). The professional training resources developed by the Metropolitan Council in its first two years of the case management cycle identified the differences in team members' knowledge of state-of-the-art services and their values and expectations as a contributor to conflict and disparity. The materials explain the need for agreement on values, expectations and outcomes. Negotiating is less challenging when the goals of team members are consistent.

I was computer phobic before using one. Now my laptop computer has enabled me to be proficient and organized, allowing me more time with people.
Connie Johnson, Dakota County Social Worker



Similarly, the Personal Futures Planning project, restructures the planning process toward greater effectiveness. The process is a visioning of a future based on an individual's likes, dislikes, abilities, human relationships and desires. It challenges team members to let go of many past assumptions based on an individual's disability and redirects energies to building positive futures for people.

It is too soon to document the immediate effectiveness of these project priorities in terms of increasing effectiveness. However, in each situation in which either of these planning guidelines was applied, the parent or individual for whom the planning occurred indicated it was the first time they could feel hopeful and positive, and much less of a failure, much more of a person. These are strong sentiments not to be ignored.

Immediate efficiency results are available through the Microcomputer Case Management project. County case managers in Dakota and Itasca Counties now have desk and laptop computers with a program designed specifically for case managers. Paperwork time is cut substantially and time is better organized. The result is increased time spent with people. With the automation of clerical tasks, turn around time for document preparation is all but eliminated. The program design offers uniformity in forms, reports and record keeping across case managers. Annual reviews requiring the updating of individual service or habilitation plans is quick and simple due to word processing capabilities. Case managers can produce written documents in the field. Response time to inquiries is shorter and the information given is

more thorough. Documentation of activities and interactions with individuals, families and providers is made much easier.

Dakota County is increasing the number of case managers using the microcomputer support system. Five counties are implementing similar actions and another five counties have interest but lack the funds to carry out computerized case management support systems.

Forty-nine percent (49%) of case managers time is spent developing service or habilitation plans and on record keeping (McAnally et al., 1988). Portable microcomputer support for case managers is highly recommended as an effective method for increased efficiency.

EVALUATION

Evaluation is a critical issue in that no real mechanism exists to evaluate the effectiveness of case management services other than compliance with the standards set forth in state rule. Nor do case managers spend more than 10 percent of their time monitoring the services that they put into place (McAnally et al., 1988).

The Partnership for Quality Services project of ARC Minnesota addresses the need for individual service monitoring. Based on the Ohio model of citizen monitoring, this project trained volunteers to evaluate services from a recipient's point of view. That is, services were assessed according to the degree in which a service or service environment facilitated integration, participation and created a lifestyle much like the volunteers themselves might value. Service providers participating in the project did so on a voluntary basis and had the opportunity to review and prioritize issues generated from the evaluations.

Critical programmatic and system level issues were identified during the implementation of this project. Recruitment of adequate numbers of volunteers was a significant barrier to full project implementation. Traditional volunteer recruitment methods have limited effectiveness. Volunteer interest appeared to come most from individuals within the service system for people with developmental disabilities. Results of the evaluations, including the solutions generated by providers and project participants were sent to the Developmental Disabilities Division, Minnesota Department of Human Services and the ARC Minnesota Governmental Affairs Committee but, as yet, have not been incorporated into the local case management monitoring process. Given the clear need to evaluate the quality of service delivery from a consumer perspective, this project would be a useful local method of monitoring within the case management process.

In Kandiyohi County we act as advocates for each other on an ongoing basis and are a sounding board for others.
Darlene Schroeder, Peer Advocate

I think it's real important that providers be open-minded. If we're closed-minded, we become stagnant. People need to have real lives. **Jim Behrends, Residential Services Provider**

When we visited the site for the first time it looked so much like an institution it made us depressed, it was bleak and fairly cold. The carpets were ragged like you would see in an institution. We made some suggestions to make it look more homelike; pictures on walls, wallpaper, new paint, new carpet, magazines and books, a hanging lamp and table cloths. When we came back for the next monitoring visit, we were dumbfounded at the changes that were made. The living room was completely overhauled. There was new carpet and wall hangings. The furniture was rearranged and other homelike features were added. Similiar changes were made in the dining room. Both rooms looked great. The warmth and hominess were very evident. **Virginia Hanel, Partnership For Quality Services volunteer**

Most licensing and accreditation requirements direct their evaluations toward compliance with rules and regulations which, in and of themselves, measure the process by which an agency implements service, rather than user satisfaction and improved lifestyles for people. Accreditation such as ACDD and CARF are facility-based and typically do not address consumer satisfaction and individual outcomes in relation to prevailing philosophy in developmental disabilities. Most monitoring is a combination of environmental safety and paper trailing.

Many providers, county and state human service professionals, advocates and consumers agree that licensing and accreditation requirements are often costly, cumbersome, and have conflicting rules. Presently, monitoring practices simply do not improve upon service delivery nor effectively evaluate what is really happening in the lives of individuals. In addition to methodology concerns, the number of licensing agents can never match the growth of dispersed multiple settings. Non-traditional methods of monitoring must be employed. Unlike the Partners for Quality Services project, a proactive feedback loop for service delivery change from the user perspective does not exist to any real extent. Volunteer monitoring is a cost and programmatically effective alternative to traditional methods.

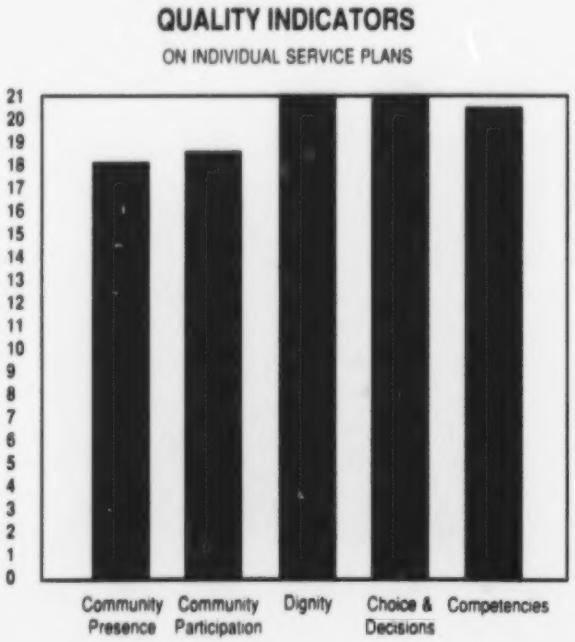
Strong consideration should be given to further piloting of citizen monitoring such as the Partnership for Quality Services project. Encouragement from state and county government to do so is necessary for greater participation. That encouragement must include some potential for the revision of the manner in which monitoring for licensing and compliance purposes occurs. Results of evaluations should be circulated to county case managers as an efficient method for service monitoring.

Volunteer recruitment might well be linked with new methods for experiential, competency-based training. **Internships in citizen monitoring at the post secondary level or inclusion of volunteer monitoring as a training method for individuals working with people with developmental disabilities might address the challenges of recruitment and will offer an appropriate in-service training alternative.** Volunteer monitoring by individuals and families affected by developmental disabilities is a most effective way to increase consumer knowledge and understanding regarding quality service delivery in Minnesota.

The Peer Advocacy Project, conceived by ARC Minnesota, Legal Advocacy for Persons with Developmental Disabilities and Pilot Parents of Minnesota designed their empowerment program according to the Pilot Parent peer support model. Trained parent advocates specializing in case management services assist their peers in walking through the case management process. The one-to-one focus of peer advocacy assesses each individual experience and is preventive and proactive in nature. Over time this type of peer support and advocacy offers valuable information for overall case management evaluation. Most advocacy programs offered through volunteer matching programs such as this one or through paid advocates, record the types of assistance provided as well as the outcomes of the intervention. The effectiveness of case management services in a given geographic area can be qualitatively and, often, quantitatively measured.

County administrations could evaluate their effectiveness cost effectively by arranging, formally or informally, to receive summary reports from their local advocacy programs. Even though this option may not be available state-wide, cumulative information should be shared with the Department of Human Services. Like the Partners in Quality Services project, advocates and county and state human service professionals should create solutions and strategies for improvement together.

Findings from ARC Suburban's Consumer Case Management project offer insight to assuring effective case management. The project measured whether families felt less stress and whether services increased due to project participation. The project also analyzed Individual Service Plans according to quality indicators such as community presence, community participation, dignity and respect, and choice/decision-making. The project evaluation indicated that parents felt less stress and more empowered. The decrease in stress did not hold true for self-advocates. In fact, within six months of participation an increase in stress was noted. Services increased an average of 3.8 per participant. The quality of ISP's was high as it is shown below.



Other findings were equally important. Although self-advocates who participated evidenced an increase in stress, there was also an increase in active systems advocacy. When asked what were some of the most important and meaningful aspects of this project,

participants indicated that informal networking with other parents and self-advocates was significant. Information shared became knowledge used. Of utmost importance was the fact that knowledge is powerful. When service users are almost as knowledgeable or as knowledgeable as the professionals with whom they share case management responsibility, the quality of the case management process and individual outcomes improve. Finally, the partnership and shared responsibility between the consumer case managers and their county case managers should not be underestimated. Participants and county case managers identified individual duties and responsibilities in writing. Expectations regarding monitoring the implementation of the individual service plan were also set forth as part of the ISP process.

Training parents and adults with developmental disabilities to work in partnership with their county case managers assures increased effectiveness of case management and improved service delivery monitoring.

Lack of effective evaluation techniques, staff shortages, limited funding and inadequate training make it difficult to travel from theory to a positive community-wide reality of case management. The conclusions, the resources and recommendations stemming from the Council's projects give new and renewed directions to address these and other problems.

The future of effective case management in Minnesota does not depend solely on competency based training, funding for more case managers and evaluation. The very nomenclature of case management created barriers. As Milt Conrath, Supervisor of Adult Services in Ramsey County, once put it several years ago, "People are not cases and county social workers are not managers."

The terminology of case management needs to change to better reflect purpose, practice and expected outcomes.

Minnesota uses rulemaking as a method of establishing and implementing service delivery standards. The process itself is most often a compromise and therefore standards are minimums. Effective recognition and reward for excellence is non-existent. Conversely, negative consequences rarely occur when the level of service falls below standards. **Creative solutions to addressing the problems faced in providing case management service must be rewarded. Standards of excellence should be established in addition to minimum requirements. Financial incentives for excellence, outcomes and consumer satisfaction based evaluation should be established.**

Officially, we are social workers and are trained as social workers. Case management is a function of the total job. You could hire a doctor to do case management but the person is still a doctor.
Connie Johnson, Dakota County Social Worker

The Consumer Case Management program gave us the ability to turn a dream into reality and now the reality is expanding Tommy's future.

Cindy Diger, Parent Case Manager

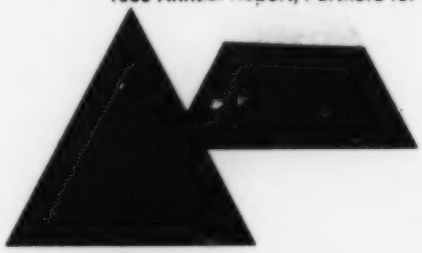
The most critical issue facing case management services in Minnesota which has not been addressed on a broad basis is the multiplicity of roles that each individual in each level of government faces. No more telling a situation occurs than for an individual placed under public guardianship. Like many other services delivered, the state's responsibility for implementation is delegated. In the case of guardianship, delegation is to counties. Counties and the state maintain responsibility for and control of all decisions made on behalf of individuals. The state and counties also make decisions about what services will be available, how much money will be spent on those services, and who will be eligible to have priority for those services. These same state and county personnel must then act as advocates without regard to the system in which they are employed. The state is presently responsible for 5,969 individuals under state guardianship. Effective February 1990 four state employees became responsible for guardianship, which is up from one employee. Case managers have case loads ranging from 16 - 241 people with the average being 68 individuals per case manager (McAnally et al., 1988). **If case management services are to remain the responsibility of state and local government, then public guardianship must be eliminated and replaced with adequately funded private guardianship.**

Finally, a shared vision of what case management should be does not exist in Minnesota. And it is unlikely that such a vision can become a reality without enormous effort. Training, technical assistance, creative outreach to families and individuals and complete shifts in our paradigms must occur. The tools and methods used to accomplish the day to day tasks that a shared vision and a new reality represent must be developed and accepted by all.

The future of case management in Minnesota is dependent upon strong connections between theory, reality and practice.

State agencies should establish a procedure to monitor whether new regulations are achieving their stated purpose.

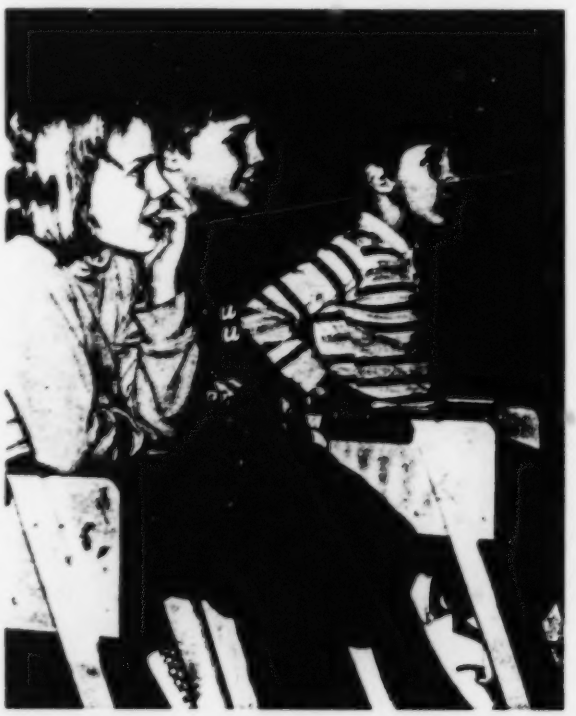
1989 Annual Report, Partners for Quality Services



Information contained in this document has been exerpted from quarterly and final project reports of the Case Management Grant recipients from 1986 through 1989. These reports are available from the Minnesota Governor's Planning Council. Additional references are:

Caragonne, P. (1984). Developmental Disabilities, Case Management System Evaluation. Austin, TX: Georgia Department of Human Resources.

McAnally, P. and Linz, M. (1988). Minnesota Case Management Study. Minneapolis, MN: University of Minnesota, Minnesota University Affiliated Program on Developmental Disabilities.



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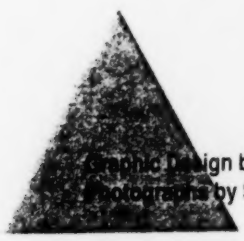

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